

# Warfare and Society in the Ancient Eastern Mediterranean

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University of Liverpool, 13th June 2008

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# Post-Traumatic Stress Disorder (PTSD) in Ancient Greece: A Methodological Review

Alan M. Greaves

## Abstract

*This paper examines the reasons, both medical and historical, why it is impossible to make a conclusive retrospective diagnosis of Post-Traumatic Stress Disorder in any historical character from ancient Greek literature. Medically, these reasons include the changing definitions and diagnostic criteria applied to the condition by the medical profession, and the difficulty of making differential diagnoses between PTSD and other medical conditions. Historically, it includes the potential trans-cultural and trans-historical expressions of PTSD and inherent limitations of our source material. In conclusion, it is proposed here that although conditions akin to what we might today call 'PTSD' were almost certainly common in the ancient world, we should look for evidence of them in the invocation of common literary motifs and tropes rather than by the spurious application of the medicalised diagnostic criteria used by modern psychiatry.*

## Introduction

Post-Traumatic Stress Disorder (PTSD) is one of the most-discussed psychiatric conditions in relation to ancient literature yet the secure identification of historical figures that experienced it has so far proved impossible. The reasons for this failure to identify it in the historical record of ancient Greece are explored in this paper, which aims not to provide a survey of the possible incidences and references to PTSD in ancient Greek literature, but rather to critically review the reasons why such a survey would be largely in vain. Instead, this paper advocates using a more general understanding of various post-traumatic stress conditions, of which PTSD is just one, and recognizing their prevalence within human populations of all kinds and all periods is a more realistic and helpful way to understand some of the generalizing tropes and motifs of what might be described as 'Old Soldier' characters in ancient Greek literature. This approach will have wider significance for our readings of many different ancient works, be they mythical, literary or historical.

Like the work of Jonathan Shay (1994), this paper is not just a work of academic documentary research, it is also informed by my practice as a psychotherapist. As an ancient historian and archaeologist, I have been interested in the cultural context of warfare in the ancient world (e.g. Greaves 2010); as a psychotherapist I have often worked with clients who experience psychological distress following traumatic episodes in their lives.<sup>1</sup> Both these experiences have come together in the production of this paper. When working with clients who experience post-traumatic stress, it has been my experience that it is best to approach matters holistically, looking at the 'big picture' in order to allow clients to address all aspects of their life prior to, during and after the traumatising event. This therapeutic approach has informed my approach to

the subject of traumatic stress in ancient Greece by allowing me to step back from the minutiae of literary and historical criticism and close textual analysis, in favour of a broader overview of the issues concerned.

This is not the first study of PTSD in ancient Greece by any means. In particular there have been important extended studies of just this topic by Jonathan Shay (1994) and Lawrence Tritle (2000) both of which made major contributions to our understandings of both ancient literature and PTSD itself. Other valuable works have also looked more broadly at the role, and effects, of violence in Greek culture and society (e.g. Hanson 1991, 2001; van Wees 2000).

Perhaps the closest any scholar has come to doing this is Tritle (2004), who systematically applied the diagnostic criteria of PTSD to the character of the Spartan general Clearchus in Xenophon's *Anabasis*. He wrote: 'Such a modern interpretation might seem forced, but I believe it is possible to argue with little doubt that Xenophon in fact provides us with the first known case of Post-Traumatic Stress Disorder, or PTSD, in the Western literary tradition' (Tritle 2004, 326). Yet, even given the high level of scholarly interest in the social and psychological consequences of ancient warfare, it may seem surprising that scholars other than Tritle have generally shied away from making direct statements about whether PTSD did, or did not, exist in ancient Greece (e.g. van Wees 2004: 151).

In this paper I will examine why this reticence to draw conclusions about specific incidences of PTSD in historical figures from Greek history is understandable because such an identification is not possible for two fundamental reasons. Firstly, the nature of our Greek historical and literary writings does not support such a direct analysis. The characters we are dealing with, whether mythological or historical, are products of literary genres and the retrospective diagnosis of complex psychological disorders in their descriptions is inappropriate. Secondly, the nature of PTSD as a

<sup>1</sup> I began my therapy practice in 2005 and am a registered therapist with the United Kingdom Council of Psychotherapy (UKCP). In my practice I have worked with clients who experience post-traumatic stress or have developed phobias in response to traumatic experiences.

psychological condition in itself means that it would be virtually impossible to identify in any historical context, even if better textual evidence were available. For example, it is difficult to demonstrate PTSD's key diagnostic criteria (e.g. 'flashbacks') in Greek texts, its other symptoms can resemble those of other psychological disorders and the nature of its trans-cultural and trans-historical expression cannot easily be predicted.

It will be concluded here that the experience of warfare was so prevalent and so traumatic in ancient Greece that, even if it cannot be formally classed as PTSD using modern medical criteria and terminology, it and other post-traumatic psychological conditions were almost certainly widespread and awareness of these can be seen to have filtered down into ancient works of literature in the invocation of certain literary tropes and motifs. Just as the meaning of 'Shell Shock' has been re-negotiated by contemporary society to inform new understandings of the trench warfare of World War I, so too can it be argued that in ancient Greek literature, the invocation of certain tropes and motifs that were informed by the audience's experience of seeing those around them who had been traumatised by battle came to stand for the psychological damage caused by war. This common understanding, which is implicit in many works of ancient history and literature, can be read to suggest that post-traumatic psychological conditions, far from being uncommon, were actually very common, constituting, and remaining, a universal consequence of war throughout time and this awareness should inform our readings of ancient Greek literature.

### A Brief History of the Study of PTSD

'Post-Traumatic Stress Disorder' (or PTSD) is now the accepted term to describe a widely-recognised psychological disorder, but it is known that the condition existed before this current terminology came into use. The observation of a condition that may be identified with PTSD in Western medical literature dates as far back as 1866 (Lamprecht and Sack 2002; citing Erichsen 1866). Understanding of the condition advanced greatly in World War I when 'Shell Shock' became such a problem for the British army that a government paper on the subject was commissioned (Richards 2004; Shephard 2000). Doctors working with those returning from the trenches began to appreciate that because there was no physical cause for the symptoms they were witnessing that could be found to explain Shell Shock, what they were seeing was probably a form of psychological illness that could be treated by means of the new psychotherapeutic approaches then being pioneered by Sigmund Freud and his contemporaries.

At the start of the 20th century, following the publication of his monumental work *The Interpretation of Dreams* (1900), Freud's psychodynamic model of the mind became increasingly influential. Freud continued to adapt his theories for the causation of psychological illness throughout his working life, so as to accommodate into it such events as World War I and the rise of Nazi ideology

(Gay 1988, 395-396, 589-596). In *Beyond the Pleasure Principle* (1920), Freud discussed why people that he then called 'neurotics', including those who experienced Shell Shock, repeated unpleasant experiences. As a consequence, he introduced new elements into his psychodynamic model of the human mind in order to accommodate the experiences of victims of Shell Shock, including new introductions such as *Thanatos* (the Death Instinct) and its counterpart, *Eros* (the Life Instinct). Similarly, he also reappraised his theory of the mind to introduce a new element: the Super-Ego (in 1923) to account for the power of social pressure that he had witnessed during that era. Since then, theories about the causation of psychological illness, which for Freud arose from innate psychological structures within the individual, have moved on but Freud's engagement with Shell Shock marks an important point in the development of thinking about the psychological trauma experienced by soldiers during wartime. It gave recognition to the fact that it had a psychological cause and could, therefore, have a psychological cure.

During World War II psychological trauma was referred to as 'Combat Fatigue' (Saul 1945) and in the Vietnam War it was initially known as 'Post-Vietnam Syndrome' (Freidman, 1981; Shephard 2000). In 1980, the terminology of the condition changed again when it was defined as 'Post Traumatic Stress Disorder' by the American Psychiatric Association in the third edition of its highly influential publication the *Diagnostic and Statistical Manual of Mental Disorder* (DSM III). This provided a clearly prescribed list of diagnostic symptoms and criteria for the condition. Its inclusion in the DSM medicalised PTSD for the first time and since then definitions of it have varied, but approaches to its diagnosis and treatment have remained heavily medicalised, probably for medico-legal reasons (such as claims for compensation by those affected).

So far, the Vietnam War remains the most widely studied conflict in relation to PTSD with over 500 papers having been written about it (Kleber, Brom and Defares 1992). Since then, other 20th century conflicts, including Korea and the 1991 Gulf War, have also been the subject of intense interest in relation to the incidence of PTSD, so the predominance of Vietnam in the scholarship of PTSD may soon change.

A wider range of traumatising events have now been identified as being potential causes of PTSD. In addition to military combat, these now include rape, natural disasters, road traffic accidents, torture, and wartime traumas experienced by non-combatant civilians (Holeva et al. 2001; Johnson and Thompson 2008). PTSD can also be caused by social trauma, when the individual feels that their social standing or personal integrity has been violated by feelings of shame, expressions of racism, or catastrophic social embarrassment.

An interesting development in the public perception of PTSD in the later 20th century was its use as a motif in popular music. Public awareness of the terminology and

effects of PTSD were now so widespread that they could be adopted by mainstream pop acts in the knowledge that they would be immediately understandable to their audience. For example, there are direct references to 'Post-Traumatic Stress Disorder' in songs such as Paul Hardcastle's *19* (1985) and Sinéad O'Connor's *Famine* (1994). These popular artistic works may provide a model for understanding how the experience of traumatised individuals may have been referenced in works of classical literature in the understanding that the audience of those works would recognise them for what they are (see below).

The psychiatric profession has continued to define and re-define different forms of post-traumatic stress conditions, including PTSD. For example, in 2000 the text revision of the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorder* (DSM IV-TR), five axes of mental disorders were defined, of which PTSD was then said to operate only on Axis 1. When there is evidence of symptoms extending into the other axes (e.g. Axis 2 – long term conditions affecting how the individual relates to the world) then the DSM IV-TR suggests an alternative diagnosis may be appropriate, such as Disorder of Extreme Stress Not Otherwise Specified (DESNOS) (van der Kolk et al. 2005). There is also another version of PTSD, called Complex Post-Traumatic Stress Disorder or C-PTSD, which has yet to be included in the DSM (Roth et al. 1997).

It can therefore be seen that, throughout the history of the 20th century, each generation has re-defined for itself what we may (for now, at least) continue to call 'PTSD' and then to invoke it in its historical writings and art. As Peter Leese has expressed it: 'The memory of Shell Shock is an entirely unstable condition. Like the symptoms of traumatic neurosis, it slips from one part of the collective mind to another, changing its name and its form as surrounding conditions and expectations alter' (2002, 176). The three main motivators for these re-definitions have been the different experiences of, and attitudes to, warfare in each generation, the development of medico-legal procedures that recognise psychological trauma, and the continuing refinement of psychological models, diagnostic tools and treatments by the medical profession. The process by which each generation negotiates the meaning of 'PTSD' for itself is therefore likely to persist into the future, not only in its military, legal and medical procedures, but also in its art and popular culture.

### Differential Diagnosis: PTSD and Other Disorders

The shifting definition of PTSD in medical and general usage demonstrates how complicated it was to define the condition even in 20th century Western culture. However, when we start to approach its identification and definition in cultures that are more distanced from our own, both culturally and temporally in the case of ancient Greece, these complications are compounded.

The most secure way to demonstrate that some version of the psychological condition currently known as PTSD existed in antiquity would be to find clear and unequivocal evidence for its symptoms appearing in historical accounts of the time. However, this is easier said than done, as the symptoms that are currently used to diagnose it are of a type that is common to a number of conditions. As Jonathan Shay wrote: 'PTSD can unfortunately mimic virtually any condition in psychiatry' (1994, 168-169).

As it is currently defined, PTSD has a complex set of symptoms, many of which it shares with other disorders. Symptoms can include:

Re-experiencing the trauma in dreams, recurrent thoughts and images (i.e. 'flashbacks').

- Depression.
- Anxiety disorders.
- Somatisation disorder.
- Violence and criminal behaviour.
- Loss of memory and perception.
- Hypervigilance (veterans are in a persistent state of combat readiness).
- Exaggerated startle response (veterans can activate combat skills in civilian life).
- Destruction of social trust.
- Preoccupation with the 'enemy' (veterans can see 'reds under the bed').
- Alcohol and drug abuse.
- Suicidality, despair, isolation.
- Subsequent chronic health problems.

With such a long and specific set of diagnostic criteria there is a danger that we risk reducing individuals' experiences of PTSD to just a checklist of symptoms. A broader, and for the historian perhaps more workable, summary definition is provided by Stirling and Hellewell (1999, 86-7):

- Persistent symptoms of anxiety.
- Avoidance behaviour.
- Phenomena, such as intrusive and vivid recollections or disturbed dreams, that reflect the involuntary re-experiencing of the traumatic event.

Identifying these symptoms in ancient literature is a more complicated matter that it might at first appear. For example, the single most important criterion for a diagnosis of PTSD is without doubt the re-experiencing of the initiating trauma in dreams, recurrent thoughts and images (Reber and Reber 2001, 551). These 'flashbacks' can take many forms but they must involve the repeated re-experiencing of the originating stressor (DSM IV-TR, 463, 468 - Criterion B). The individual must experience these to differentiate it from other conditions, such as Obsessive Compulsive Disorder, Schizophrenia,

Substance-Induced Disorders, or other psychotic, mood or general medical conditions (DSM IV-TR, 467). The onset of PTSD can also occur many months after the precipitating event (Stirling and Hellewell 1999, 85-87). For the historian, proving that such flashbacks occurred and linking them to the initial trauma will be very difficult given the nature and limitations of our ancient sources.

As noted above, the DSM IV-TR defines five axes of mental disorders and, as a clinical disorder including all the symptoms listed above, PTSD only operates only on Axis 1. However, where such symptoms can be identified in Axis 2, that is long term conditions affecting how the individual relates to the world, then the PTSD is having a more 'global' effect on the client's operation and it may have begun to affect deeper elements of their personality. Alterations in Axis 2 might include:

- Regulation of affect and impulses.
- Attention or consciousness.
- Self perceptions.
- Relationships with others.
- Systems of meaning.

For example, if the individual is experiencing flashbacks and nightmares as the result of a traumatic event but it does not affect them as operational individuals, then a standard diagnosis for PTSD would apply (e.g. a car crash followed by nightmares and reluctance to get in a car). If, however, it affects the individual's broader functioning, then a diagnosis of DESNOS may be more appropriate and treatment is necessarily more involved (e.g. if the individual was a victim of violent assault and frequently disassociates themselves and cannot leave the house, go to work, or otherwise function normally). The symptoms of DESNOS and PTSD can clearly overlap and differentiating them in psychotherapy clients can be tricky, but in literary accounts of deceased or fictional individuals, it will be impossible.

Diagnosis of PTSD is made particularly difficult when direct interaction with sufferers is lost because there is a crucial temporal dimension to its diagnosis. For example, if the symptoms develop and resolve themselves within four weeks of the stressor event, then the diagnosis would be one of Acute Stress Disorder, not PTSD (DSM-IV-TR, 469-472). Also 'symptoms of avoidance, numbing and increased arousal that are present before exposure to the stressor do not meet the criteria for the diagnosis of PTSD and require consideration of other diagnoses (e.g. a Mood Disorder or other Anxiety Disorder)' (DSM-IV-TR, 467). Instances where such temporal observations of an individual can be made in ancient literature are rare.

It is also important to understand the precise nature of the 'flashbacks' that are such an important criterion for successful diagnosis, so as to differentiate it from Obsessive Compulsive Disorder, Schizophrenia, Substance-Induced Disorders, or other conditions (DSM-

IV-TR, 467). The flashbacks associated with PTSD can take many forms, such as dreams, but they *must* involve the repeated re-experiencing of the originating stressor (DSM-IV-TR, 463, 468 - Criterion B). Such internal thought processes can only be shared by the individual themselves, for example during counselling, and the nature of the ancient literary sources that we have is such that they are unlikely to give us this level of detail about the internal thought process of the individuals being portrayed. Kruger noted that researchers of 'dead' languages cannot be 'participant' observers in the way that anthropologists (or counselors or therapists) can be (2005, 187-188) and the ancient historian Neville Morley wrote: 'psychoanalysis normally relies on hours of conversation with the patient about their memories and feelings, not on second-hand accounts from historians with axes to grind' (2004, 112).

In addition to PTSD, DESNOS and Acute Traumatic Stress (discussed above), there are other psychological conditions that can result from exposure to a traumatic stressor. These include Panic Disorder and Conversion Disorder.

Panic Disorder is common in victims of mass violence and it can also be a feature of PTSD, so differentiating between the two when making a diagnosis can be difficult (Hinton, Pitch and Pollack 2005). In the panic attacks associated with PTSD there will be a trigger – a loud bang, for example – whereas in Panic Disorder there will be a triggering scenario, such as enclosed spaces (Hinton, Pitch and Pollack 2005, 38-39). It is therefore necessary to discuss closely with the client, in counselling, what their individual history, stressors, and triggers are. Such investigation is, of course, impossible when trying to make a retrospective diagnosis based on ancient literature.

Conversion Disorder, which is also known as Somatoform Reactions or Hysterical Conversion Reactions, is a condition in which psychological responses to a stressor are somatised, resulting in a physical manifestation in the body (Weintraub 1983). An example of such a somatic reaction would be paralysis in a limb for which there is no physical cause, but which is the result of a psychological response to traumatic stress. In such cases, there is a 'close temporal relationship between a [psychological] conflict or stressor and the initiation or exacerbation of a symptom' and this may be helpful in this determination (DSM-IV-TR, 494).

In addition to the fact that many of the medical definitions of different post-trauma stress conditions share symptoms with other non-traumatic disorders and with one another, it is also possible that individuals were experiencing more than one condition simultaneously. The possibility of co-morbidity, whereby individuals may have suffered PTSD and another psychological or physical condition that displayed similar symptoms makes it hard, if not impossible, to ever securely argue

for cases of PTSD in antiquity.

There are, therefore, a number of different conditions that share symptoms, and differentiating between them is difficult and requires close consultation with the living individual in order to establish causational, temporal and ideational relationships between their symptoms and any originating stressor. This makes the identification of PTSD, by the terms of reference used in contemporary psychiatry impossible when working in historical contexts. However, there is one case from Greek history when a *post-factum* diagnosis of a traumatic stress condition may, at first, appear to be possible and this is the case of Epizelos at the Battle of Marathon.

### Epizelos at Marathon

The case of Epizelos son of Kouphagoras is the best documented example of any form of traumatic shock in ancient Greek historical writings. Epizelos was apparently struck blind during the Battle of Marathon in 490 BC, without a blow ever being laid upon him, when a large bearded Persian killed the man immediately next to him (Herodotus, 6.117). As van Wees put it: 'Blind terror is only a figure of speech to most of us, but some soldiers are so traumatised by combat that they are literally struck blind. One such casualty was Epizelos' (2004, 151). This 'blind panic' is entirely consistent with a diagnosis of Conversion Disorder, the symptoms of which can include 'sensory symptoms or deficits [which] include loss of touch or pain sensation, double vision, blindness, deafness and hallucinations' (DSM-IV-TR, 493). As Lawrence Tritle has written: 'What happened to Epizelos ... has been experienced by other soldiers too in the modern era – hysterical blindness, in which the mind intervenes to protect the body from the horror confronting it' (2006, 214-215; also 2000, 64, n. 24).

The causes of Epizelos' blindness have been disputed and misunderstood by academic commentators (Lazenby 1993, 80). For example, Victor Davis Hanson wrote that Epizelos' Persian was an *epiphany* – a divine vision of a phantom brought on, in his case, by battle fatigue (1989, 192-193; Tritle 2000, 63-65). However, in a recent detailed commentary on the episode, Lionel Scott examined all the possible medical alternatives to the 'obvious' explanation of hysterical blindness, but found little conclusive evidence to support any physical medical explanation (2005, 395-396).

In the intensity of battle, Tritle argued, Epizelos' mind was protecting him from the 'ferocity and chaos' of the fighting at Marathon (2006, 214-215). Whereas in World War I survivors of the trenches frequently experienced hysterical deafness, presumably to block out the sound of bombs, Greek *hoplite* soldiers' responses to the horrors they saw with their own eyes during the *mêlée* of battle was evidently blindness. In addition to the case of Epizelos, we might also consider the cases of two Spartan soldiers who were affected by blindness prior to the battle at Thermopylae (Herodotus, 7.229.1), but where medical

explanations such as conjunctivitis or trachoma can also be ruled out (van Wees 2004, 151, n. 1).

Based on this, there would appear then to be some evidence to say that, during the classical period at least, there are reported instances of blindness of at least one and possibly as many as three Greek *hoplite* soldiers that are consistent with Conversion Disorder associated with traumatic stress. However, it is not such a simple matter to make such a firm assertion about PTSD for two important reasons. Firstly, the symptoms of Conversion Disorder, such as blindness, deafness and paralysis, are physical and therefore objectively observable to others and describable by them in writing. It should also be noted that somatisation is a common feature of both PTSD and Conversion Disorder and so differentiating between these two conditions in our historical sources, even in the well-attested case of Epizelos, is difficult. In PTSD, the symptoms are psychological and behavioural in nature and most would need to be described to writers by the sufferer, in particular the key diagnostic criterion of flashbacks. Secondly, the long list of diagnostic symptoms of PTSD, such as depression, anxiety and loss of memory, are all common to at least one or more other psychological conditions and some physical ones.

### PTSD as Trans-cultural and Trans-historical Phenomenon

Padmal de Silva wrote: 'it is very clear that the vulnerability to PTSD is not culturally limited' (1999, 125). That is to say, it affects people of all cultures and, presumably therefore, of all periods. Lawrence Tritle also concluded: '...I would argue that the reactions of human beings to the effects of violence have changed little from the time of Xenophon and Clearchus to the present' (2004, 329). This is almost certainly true, as *homo sapiens* achieved full behavioural modernity 50,000 years ago and our species' physiological and psychological responses to traumatic stress are likely to have remained largely the same since then. However, the precise form of those responses and the presentation of symptoms of PTSD, as well as the other post-traumatic illnesses outlined above, varies considerably according to cultural factors. Such cultural factors can change not only between geographical regions, but also between sub-cultures within the same society and over time.

It is important to recognise this when we start to look for potential evidence of PTSD in ancient literature because we cannot make the blanket assumption that the symptoms that are observed in PTSD in contemporary Western culture would necessarily be those that were expressed in ancient Greece. Indeed, modern community studies have shown that the incidence and expression of PTSD can vary considerably between different contemporary cultures.

These differences may be connected with cultural beliefs surrounding the aetiology of the conditions. For example,

in Panic Disorder sufferers of Cambodian origin it is conceived of as a problem with their *Khyâl* (a metaphorical and spiritual 'wind') which is thought of as

a key part of the physiology of the body in that particular culture (Hinton, Pitch and Pollack 2005, 44-47). It would be interesting to know how ancient societies conceived of the causes of such disruptions in relation to their concepts of the flow and balance of the bodily humours and contemporary concepts of the causation of disease. However, such a study is beyond the scope of this paper, and quite probably beyond the scope of the surviving literary evidence.

In the Vietnam War there were noticeable differences in the incidence of PTSD between White, Black and Hispanic combatants in the American forces (de Silva 1999, 119-120, citing Kulka et al. 1991). This may be accounted for by differing cultural factors within and between the different ethnic groups and sub-cultures that exist within United States society.

The display of symptoms that might be taken as diagnostic expressions of PTSD will also be determined by socio-cultural factors, such as social taboos on men crying or the abrogation of suicide (de Silva 1999, 129-130). For example, de Silva wrote: 'Afghans, like many other people from Oriental cultures, tend to somatise emotional problems' (de Silva 1999, 121). That is to say that in Afghan society it is common to give physical expression to psychological states. However, we do not know how common or acceptable somatisation or the outward expression of any of the other psychological symptoms of PTSD would have been in ancient Greece, which in itself was made up of many differing local cultures and communities.

Having considered the incidence and expression of PTSD between cultures, we must also consider how it may have varied across time. We cannot simply assume that it was necessarily a trans-historical phenomenon; nor can we assume that its manifestations in the past would be recognisable to us in the terms by which it has been defined in contemporary Western medical literature.

Fischer and Manstead noted: 'there are both cross-cultural similarities and differences in emotion' (1996, 240). There is, therefore, no universal human reaction that can be predicted in all circumstances of traumatic stress, but neither are our reactions entirely culturally determined. Bearing in mind the very different incidences and presenting symptoms in different cultures, can we possibly ever know what PTSD, or any of the other post-traumatic conditions discussed above, would have looked like in ancient Greece? Indeed, is PTSD simply a product of modern styles of warfare that may never have existed in any way that we might recognise in the ancient world (van Wees 2004, 151)?

However, the fact that PTSD has been identified, to various degrees and variously expressed, across different ethnic and cultural groups does indicate that the human

species is naturally predisposed towards reaction formation following episodes of traumatic stress. As discussed above, there would appear to be some evidence that Conversion Disorder was present in Greece in the 1st millennium BC, even if finding similar evidence for PTSD is a more complicated matter because of the nature of our sources and its symptoms and definition. The sheer prevalence of PTSD across modern populations (see below) adds further weight to the argument that it has been a feature of human experience for a considerable period of our history, even if the precise form of its expression has varied across contemporary and historical cultures.

### Epidemiology of PTSD

Having considered the challenges of making a differential diagnosis between PTSD and other psychological conditions and the differing cultural and trans-historical expressions of the condition, let us now consider its epidemiology – that is, its occurrence within the population as a whole.

The DSM (discussed above) concludes:

community-based studies reveal a lifetime prevalence for PTSD of approximately 8% of the adult population in the United States...studies of risk individuals (i.e. groups exposed to specific traumatic incidents) yield variable results, with the highest rates (ranging between one third and one half of those exposed) found among survivors of rape, military combat and captivity, and ethnically or politically motivated internment and genocide. (DSM-IV-TR, 466).

In other studies 15% out of a sample of 1,600 male survivors of the Vietnam conflict were shown to meet the criteria for PTSD (de Silva 1999, 119-120, citing Kulka et al. 1991). A Harvard University project that aims to co-ordinate a global mental health policy for the victims of mass violence has been called 'Project One Billion' because this is the number of people affected by violence today (McDonald, Bhasin and Mollica 2005, 313). PTSD can therefore be seen to be a very common experience for survivors of conflict, violence and disaster – but if we are to consider the possible incidence of PTSD in antiquity, it is necessary to consider the different nature of war in the pre-industrial era.

World War I marked the start of a new form of warfare and on a scale never previously seen. The conditions of trench warfare were particularly horrific and there was also low morale in the trenches, poor medical services, huge death tolls, and poor treatment of the psychologically traumatised – who were often executed as deserters. However, as Hans van Wees put it: 'The trauma of ancient Greek battle was different from the experiences which leave so many modern soldiers 'shell-shocked' or debilitated by PTSD. Greek soldiers rarely came close to suffering the extremes of physical deprivation associated with trench or jungle warfare, and



never saw their friends blown to pieces. On the other hand, *hoplites* suffered the devastating experience...of standing at no more than arm's length from the enemy and laying into one man after another, with spear, sword, and ultimately bare hands and teeth' (2004, 151).

*Hoplite* warfare may not have been without its horrors, but there were many other variables that make comparison to modern epidemiology studies hard and these make it difficult to predict the potential incidence of PTSD across populations in the ancient world. For example, the reality of the violence of *hoplite* warfare would have been affected by the individual's interpretation of it. When working with clients who experience PTSD in contemporary psychotherapy, it is important to assess the degree to which the pre-morbid individual was a functional individual, or not, as this is likely to affect their ability to recover from the trauma (G. Ibbotson personal communication). Factors such as these are unique to the individual concerned and cannot easily be taken into account when looking at the battle experience collectively or retrospectively.

The above quote from van Wees shows that ancient warfare could, in its own way, be as brutal as modern warfare. Kurt Raaflaub has also argued that it was also a much more common experience across the population as a whole than warfare is today. As he recently wrote: '[In Rome]...between 197 and 168 BC on average 47,500 citizens (out of a total population of c.250,000 adult male citizens) fought every year in long wars abroad; if we applied the same ratio to the USA, many millions of Americans would be fighting for their country every year' (Raaflaub 2007, 9). Indeed, it has long been recognized that many ancient societies were in a state of almost 'perpetual war' (Morley 2000, 170, citing Hume). A high proportion of ancient populations were therefore likely to have been exposed to traumatic events that were, in their own way, as violent as those that are known to result in psychological reaction formation in modern populations today.

Like modern wars and disasters, ancient warfare also affected the general population, not just men of fighting age. Research among Bosnian refugees revealed that there were increased rates of PTSD, depression and anxiety in the adult and child population, and comorbidity of depression with physical disability resulting from the violence (McDonald, Bhasin and Mollica 2005, 306). 70% of Kuwaiti children affected by the Gulf War exhibited some symptoms of post-traumatic stress (McDonald, Bhasin and Mollica 2005, 306) and Cambodian and Vietnamese refugees to the US also experienced a rate of 70% of PTSD and 50-60% Panic Disorder (Hinton, Pitch and Pollack 2005, 38-39). van Wees has also discussed the conditions and treatment of prisoners of war and refugee populations resulting from ancient wars, which is a subject that has often been overlooked by scholarship on ancient warfare because of the nature of our sources, which tend to focus on the elite males fighting in the *phalanx* rather than the effect of war on the population as a whole (van Wees 2004, 148-149).

Social factors play a part in individuals' reactions to their wartime experiences and the likelihood that they will develop PTSD as a result. They are known to have affected the prevalence of Shell Shock during World War I – in particular the involvement of the media, politics and the pressure to enlist (Leese 2002). Such social pressures also existed in the ancient world, as Matthew Christ's studies of conscription and draft-dodging in classical Athens demonstrate (Christ 2001; 2004; 2006). The intensity of the relationships that existed between the men in a citizen army like the classical Greek *phalanx* would also have intensified the trauma of seeing fellow soldiers cut down, as the victims had been the close friends, neighbours, relatives and possibly even lovers of the traumatised individual left behind.

When morale within military cultures is high, incidence of combat stress reactions are reduced and vice versa when morale is low (de Silva 1999, 128 citing Labuc 1991, 485). The perception of social support (or its removal/destruction) for the trauma victim will also affect the incidence of PTSD. As de Silva wrote: 'This support can contribute to the reduction of the probability of the individual developing full-blown PTSD, and also to the speed of recovery and adjustment' (de Silva 1999, 127). In Perikles' funeral oration he makes it clear that Athenian citizens were born and raised to fight (Thucydides, 2.34-46). *Prima facie*, this might appear to suggest that there was a generally supportive attitude to the role of soldiers in society, but Christ's work suggests that there were incidents of individual dissension from this and the Periklean view was not universally held.

## Discussion

In the 20th century there was a move to medicalise the psychological illnesses of war veterans, starting with Shell Shock, and particularly surrounding the experiences of veterans of the Vietnam War. This medicalisation may, in part, have been driven by a medico-legal culture that centred on compensation claims and issues of political accountability. Ethnographic studies with non-Western populations, and sub-cultural groups within Western cultures, show that PTSD is a trans-cultural phenomenon but that it manifests itself differently and at different rates between societies and individuals according to their cultural and personal frames of reference. This being so, we must seek to avoid reductionist approaches to the study of PTSD that reify human experiences of mental illness and war to simplistic checklists of criteria, against which we can read classical literature in the hope of making a retrospective pseudo-diagnosis based on a set of symptoms that are specific to the modern Western experience. This would be an inappropriate methodology for two reasons.

Firstly, it misrepresents the modern psychiatric process of diagnosis. As outlined above, there are multiple conditions that can result from exposure to traumatic battle conditions – PTSD, DESSOS, Acute Traumatic Stress, Hysterical Conversion Reaction, Panic Disorder, etc. – and to define these in an individual requires more

than just diagnosis against a checklist of symptoms, but also observation over time and meaningful interaction with the individual and their inner thought processes – none of which are possible when done remotely and retrospectively.

Secondly, it misrepresents the historical processes at work. Writers of ancient historical and literary works, such as Homer, Herodotus, and Xenophon, were consciously composing works of literature; they were not producing accurate blow-by-blow accounts of historical events as they happened. Rather, they were constructing over-arching narratives within which the specific events and personalities that their audience might be interested in were depicted in a way that fit into their larger story. This is as true of contemporary writers of ancient history as is of the ancient authors that they themselves cite (Morley 1999). Even writers of biographies, such as Plutarch, can be seen to have been consciously weaving biographical narratives that incorporated contemporary philosophical concepts (de Blois 2005).

Given that our source materials, whether consciously ‘artistic’ or supposedly ‘historic’ in nature, were the products of some form of literary tradition it may be more appropriate to find different ways of reading them to find indications of the existence of PTSD rather than by the spurious application of a checklist of symptoms looking for the medical ‘facts’ against which to make a diagnosis. One literary technique that appears to have been used to depict mental illness in other ancient literature is that of using a single motif that is then taken to represent a more complex set of symptoms, emotions or behaviours. For example, in Near Eastern literature a single *topos* of ‘aimless, repetitive locomotion’ or ‘wandering about’ is used to evoke depressed mental states, of which such psycho-motor agitation is a just one of many possible symptoms (Barré 2001; Kruger 2005).

In relation to classical literature, Ruth Padel has demonstrated that ‘wandering’ was also a literary or linguistic motif used in the depiction of madness throughout classical and medieval cultures (1995, 107-119). When applying this same idea of a single ‘diagnostic’ literary motif that might be taken as emblematic of the full suite of complex symptoms that have come to be associated with PTSD (see above) no obvious single symptom presents itself in the literature. Although ‘flashbacks’ are a unique symptom of PTSD, they are unlikely to appear in ancient literature, for the reasons discussed above.

However, could be argued that an excessive love of battle might be used to stand as such a *topos* or literary motif. Although ‘love of battle’ *per se* is not in itself a criterion for a diagnosis of PTSD, as a literary motif it can be seen to describe a number of the recognized symptoms of the condition, including violent behaviour, hypervigilance, exaggerated startle responses and preoccupation with the ‘enemy’ (see above). I now will examine two possible examples of this motif at work in two very different genres of Greek literature – Xenophon’s portrayal of

Clearchus in his historical work *Anabasis* and Aristophanes’ depiction of Lamachus in his comic play *Archarnians*.

Xenophon’s biographical portrait of Clearchus in *Anabasis* appears to show him displaying a great love of battle. Even in a violent and highly militarised state like classical Sparta (Hornblower 2000), such excessive love of war as was demonstrated by Clearchus might be deemed excessive (Tritle 2004, 326). Given Clearchus’ long military career, it is not unreasonable to assume, as Tritle (2004) did, that his supposed ‘love’ of war was the result of extensive exposure to violence during his lifetime and a possible expression of PTSD.

Shifting to Aristophanes’ portrayal of the Athenian general Lamachus’ in *Acharnians* (first staged in 425 BC), it is hard to show such a clear association because of the conflicting nature of historical reference to Lamachus as a public figure and the poetic structure of the comedy that Aristophanes is constructing around him. When he first appears on stage already fully-armed (at line 572), Lamachus is the very ‘personification of war’ (MacDowell 1995, 170). He would already have been known to a contemporary Athenian audience as someone who, despite his extensive first-hand experience of battle, was seemingly ‘eager for the continuation of war’ (Sommerstein 1980, 184). However, that fact that he swore an oath of peace with Sparta in 421 BC would appear to be somewhat at odds with this perception (Thucydides 5.19.2), as would his presumed motivation of making money out of the war (Plutarch *Nicias* 15.1, *Alcibiades* 21.9 *contra* Aristophanes *Archarnians* 595-7, *Peace* 304, 473-4, 1290-4). Also, it is clear that Aristophanes is playing up Lamachus’ lust for war so that when the character reappears on stage he can construct an *antistrophos* (a poetic structure of opposites, at lines 1190-1235) between Lamachus’s lamentations for having pursued the course of war, against the celebrations of the play’s main character Dikaiopolis, who is simultaneously reaping the benefits of peace on the other side of the stage (Rogers 1910, 181).

Given the nature of their literary context, it is neither possible nor worthwhile speculating as to whether or not Lamachus, or even Clearchus, as historical individuals ever experienced PTSD in reality. However, the portrayal of these two historical characters have one thing in common which is that despite having both been closely and repeatedly involved in violent conflict, they are both still depicted as having a perverse-seeming ‘love of war’. The fact that they can be portrayed in this way to these authors’ respective audiences may reflect a deeper understanding of the lived experience of generations of soldiers and their personal reactions to traumatic stress, which may result in a seemingly counterintuitive obsession with war.

What is telling in these depictions is not that the behaviour of these ‘Old Soldier’ characters belies any particular instance of PTSD, but rather that such a trope, as a standard set of meanings and interpretations, drew its

power from the fact that the audience of these works could identify with it from their personal experience of seeing those around them who had returned from war, changed. As Tritle put it: 'The psychic toll of battle ... can turn a survivor like Clearchus into a grim, solitary warrior' (2000, 63). The authors of these ancient literary works knew this to be true and therefore wrote it into their works in the knowledge that their audience knew it too. Their personal observations of war veterans of both author and audience were therefore sublimated into the construction of the archetype of the 'Old Soldier'. In a similar vein, I have recently argued that the same may be true of Post-Natal Depression, subtle references to which might belie its true prevalence in ancient Greek society (Greaves 2009). Like Post-Natal Depression, PTSD may have been some a commonplace element of the people's lived experience in ancient Greece that more overt references to its existence and effects were not needed.

Another depiction of an individual traumatised by the experience of war is the Homeric construct of the mythical character of Achilles in the *Iliad*. In creating this poetic work the Homeric composer has evidently mapped his characterisation of the fictional Achilles onto the battle experience of traumatised soldiers and composed a fictional work that follows the stages of an individual's psychological reaction to battle trauma. Crucially, in the *Iliad* we see how the character of Achilles is *changed* by the experience of war – giving us the essential *temporal* dimension that is so often lacking in other ancient works (Shay 1994). Although this means that we cannot 'diagnose' the Homeric Achilles with PTSD, because he was not a real person (unlike Clearchus and Lamachus), it does allow us to recognise that such a portrayal must have struck a chord with the audiences for whom the Homeric works were composed and that PTSD-like traumatic stress conditions were probably such a widely-observable fact of life in ancient Greece, that the realisation of their existence permeated the works of many writers, either consciously or inadvertently.

In a brilliant comparative analysis of the characterisation of Achilles and the experiences of Vietnam veterans experiencing PTSD, Jonathan Shay demonstrated that although it would be inappropriate to attempt to clinically diagnose the character of Achilles with PTSD, the depiction of this character reflected many of the same motifs that Shay saw in the testimonies of his own PTSD patients (Shay 1991, 1994). The themes that Shay explores through this unique approach are not bound by a specific list of diagnostic medical criteria, but rather it explores the lived experiences of Vietnam veterans and relates these to the Homeric character of Achilles. So, for example, themes that are important to Shay's veterans and which can also be seen in the story of Achilles include things such as 'the betrayal of "what's right"', which was evidently highly emotive for them, but which goes beyond reductionist medicalised diagnostic criteria.

But understanding PTSD in this way is not just a means to interpret and rationalise the past and seek to make objective sense of it; it is also a way to negotiate the

past's meaning for contemporary society. Peter Leese, for example, has written about: 'The post-1989 revival of interest in Shell Shock as a metonymic symbol of the war' (Leese 2002, 172). Just as Leese proposes that Shell Shock is a 'prism' through which to view World War I (2002, 176), so too might we use the literary trope of the war-loving veteran, or the 'Old Soldier', to read new meanings into ancient literature, not just for their significance in ancient society, but also to negotiate a new meaning for them for our own.

Knowing the contemporary diagnostic criteria for PTSD can indeed extend our understanding of the 'truth' behind the depiction of figures in Greek history and literature, as Shay did for Achilles (1994) and Tritle did for Clearchus (2004), but both Shay and Tritle go beyond simply deepening our literary criticism of ancient works by means of dry textual analysis. Shay used the *Iliad* in his therapeutic work with patients experiencing PTSD, in a form of therapy called 'Milieu Therapy'. Tritle also reported that two Vietnam veterans who attended his history classes were able to find a degree of solace in identifying with the psychologically wounded character of Clearchus. He wrote: 'The Vietnam veterans [in his class] saw Clearchus as in some ways reassuring. They saw that their own anger and bitterness induced by war was not unique, that the demons they deal with have a long history' (Tritle 2004, 329).

Through his research into Clearchus, Tritle was also able to reflect on and contextualise his personal experiences of war. His article on Clearchus even begins: 'In the spring of 1970 I arrived in Vietnam as a young infantry lieutenant for a year's tour of duty...' (2004: 325). It can therefore be seen that the exploration of the theme of PTSD in ancient Greece allowed Tritle to adopt an autoethnographic approach and the resultant reflections on his personal experiences of Vietnam gives his academic scholarship a powerful personal dimension and depth of insight that non-veterans cannot replicate (see also Tritle 2000).

Perhaps, then, this is the real value of this and all previous studies of PTSD in ancient Greece. Not to demonstrate that taking a distanced existentialist stance can allow us to check off the latest diagnostic criteria against historical texts and thereby 'prove' that specific named individuals had PTSD and it must therefore be a universal part of the human psychological condition, but rather to recognise the universality of the shared humanity in the recognition of suffering that is displayed between Homer and Achilles, Xenophon and Clearchus, Shay and his patients, and even between Tritle, his students and himself. As Tritle succinctly puts it: 'Xenophon may not have understood exactly why Clearchus was troubled, but he clearly sensed that he was and that the reasons for this were to be found in his long years of service as a soldier' (2004, 336).

## Conclusions

Today PTSD is widely recognised by the medical

profession and society at large, including in popular culture. Although the term itself was only first coined only in relation to veterans of the Vietnam War, it had evidently been present during earlier conflicts. The medical terminology and clinical diagnosis of what is currently known as PTSD have changed over time and will undoubtedly change again in future. Given its shifting and elusive, yet pervasive, character in modern Western culture, finding evidence and formulating definitions for it in ancient Greece is inevitably going to be tricky.

It is neither possible nor appropriate to try and retrospectively 'diagnose' a historical or literary character with PTSD. There are numerous methodological reasons that make such pseudo-diagnoses impossible. Most important among these is the fact that socio-cultural factors affect how post-traumatic conditions are allowed expression in different societies and this introduces unknown variables across cultures and across time. We cannot easily predict or account for these when we seek to understand how post-traumatic psychological reaction formation may have presented itself in ancient Greece, although this question may warrant further research. Furthermore, the subjects of such discussions, whether genuine historical individuals or not, are ultimately just literary constructs onto which ancient authors have projected their personal and contemporary understandings of battle trauma and they therefore cannot be taken as objective medical evidence.

But this is precisely where the value of our texts lies, because if we approach our texts not with a list of medical criteria in hand, but with the general understanding that they are informed by an amalgam of the lived experiences of generations of individuals whose traumatic battle experiences went into forming the literary tropes and motifs used by ancient authors and based on their observations of the world around them, then we can read these works through that lens and reinterpret them accordingly. Such tropes and motifs drew their power from the fact that they were recognisable to the ancient audience that their authors were writing for and for whom battle traumatised individuals were not a rare occurrence but, on the contrary, were recognisably commonplace within the society around them. From this perspective it is possible to suggest that in ancient Greece PTSD, Conversion Disorder and other traumatic stress conditions were not rare but, in fact, completely ubiquitous.

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### Bibliography

Barré, M. L. 2001. 'Wandering about' as a topos of depression in ancient Near Eastern literature and in the Bible. *Journal of Near Eastern Studies* 60.3, 177-187.

Christ, M. 2001. Conscription of Hoplites in Classical Athens. *Classical Quarterly* 51, 398-422.

Christ, M. 2004. Draft evasion on-stage and off-stage in Classical Athens. *Classical Quarterly* 54, 33-57.

Christ, M. 2006. *The Bad Citizen in Classical Athens*. Cambridge, Cambridge University Press.

De Blois, 2005. Plutarch's Lycurgus: A Platonic Biography. In K. Vössing (ed.), *Biographie und Prosopographie*. 91-102. Stuttgart, Franz Steiner.

DSM-IV-TR 2000. *Diagnostic and Statistical Manual of Mental Disorder Fourth Edition Text Revision*. Washington DC, American Psychiatric Association.

Erichsen, F. E. 1866. *On Railway and Other Injuries of the Nervous System*. London, Walton and Moberly.

Fischer, A. and Manstead, A. H. 1996. Emotions. In A. Kuper and J. Kuper (eds.), *The Social Science Encyclopaedia* 2nd ed., 239-240. London, Routledge.

Friedman, M. J. 1981. Post-Vietnam Syndrome. *Psychosomatics* 22, 931-942.

Gay, P. 1988. *Freud: A Life for Our Time*. London, Dent.

Greaves, A. M. 2009. Post-natal depression in ancient Greece. *Midwives* April/May, 40-41.

Greaves, A. M., 2010. *The Land of Ionia: Society and Economy in the Archaic Period*. Malden MA, Wiley-Blackwell.

Hanson, V. D. (ed.) 1991. *Hoplites: The Classical Greek Battle Experience*. London, Routledge.

Hanson, V. D. 2001. *Why the West has Won: Carnage and Culture from Salamis to Vietnam*. London, Faber.

Hinton, D. E., Pich, V. and Pollack, M. H. 2005. Panic attacks in traumatized Southeast Asian Refugees: Mechanisms and treatment implications. In A. M. Georgiopoulos and J. F. Rosenbaum (eds), *Perspectives in Cross-Cultural Psychiatry*, 37-61. Philadelphia, Lippincott, Williams and Wilkins.

- Holeva, V., Tarrier, N. and Wells, A. 2001. Prevalence and predictors of Acute Stress Disorder and PTSD following road traffic accidents: thought control strategies and social support. *Behavior Therapy* 32, 65-83.
- Hornblower, S. 2000. Sticks, stones and Spartans: the sociology of Spartan violence. In H. van Wees (ed.), *War and Violence in Ancient Greece*, 57-82. London, Duckworth.
- Johnson, H. and Thompson, A. 2008. The development and maintenance of Post-Traumatic Stress Disorder (PTSD) in civilian adult survivors of war trauma and torture: a review. *Clinical Psychology Review* 28.1, 36-47.
- Kleber, R. J., Brom, D. and Defares, P. B. 1992. *Coping with trauma: Therapy, prevention and treatment*. Amsterdam, Swets and Zeitlinger.
- Kruger, P. A. 2005. Depression in the Hebrew Bible: An update. *Journal of Near Eastern Studies* 64.3, 187-192.
- Kulka, R. A., Schlenger, W. A., Fairbank, J. A., Hough, R. L., Jordan, B. K., Marmar, C. R. and Weiss, D. S. 1991. *Trauma and the Vietnam War Generation*. New York, Brunner/Mazel.
- Labuc, S. 1991. Cultural and societal factors in military organizations. In R. Gal and D. Mangelsdorff (eds.), *Handbook of Military Psychology*, 471-489. New York, Wiley.
- Lamprecht, F. and Sack, M. 2002. Posttraumatic Stress Disorder Revisited. *Psychosomatic Medicine* 64, 222-237.
- Leese, P. 2002. *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War*. Basingstoke, Palgrave Macmillan.
- MacDowell, D.M. 1995. *Aristophanes and Athens: An Introduction to the Plays*. Oxford, Oxford University Press.
- McDonald, L. S., Bhasin, R. and Mollica, R. F. 2005. Project One Billion: A global model for the mental health recovery of postconflict societies. In A. M. Georgiopoulos and J. F. Rosenbaum (eds.), *Perspectives in Cross-Cultural Psychiatry*, 303-29. Philadelphia, Lippincott Williams and Wilkins.
- Morley, N. 1999. *Writing Ancient History*. London, Duckworth.
- Morley, N. 2000. *Ancient History: Key Themes and Approaches*. London, Routledge.
- Morley, N. 2004. *Theories, Models and Concepts in Ancient History*. London, Routledge.
- Padel, R. 1995. *Whom Gods Destroy: Elements of Greek and Tragic Madness*. Princeton, Princeton University Press.
- Raaflaub, K. A. 2007. Introduction: Searching for peace in the ancient world. In K. A. Raaflaub (ed.), *War and Peace in the Ancient World*, 1-33. Oxford, Wiley/Blackwell.
- Reber, A. S., and Reber, E. 2001. *The Penguin Dictionary of Psychology* 3rd ed. London, Penguin.
- Richards, A. (ed.) 2004. *Report of the War Office Committee of Enquiry into 'Shell Shock'*. London, Imperial War Museum.
- Rogers, B. B. 1910. *The Archarnians of Aristophanes*. London, George Bell and Sons.
- Roth, S., Newman, E., Pelcovitz, D., van der Kolk, B. and Mandel, F. S. 1997. Complex PTSD in victims exposed to sexual and physical abuse: results from the DSM-IV Field Trial for Posttraumatic Stress Disorder. *Journal of Traumatic Stress* 10.4, 539-555.
- Saul, L. S. 1945. Psychological factors in Combat Fatigue. *Psychosomatic Medicine* 7, 257-272.
- Scott, L. 2005. *Historical Commentary on Herodotus, Book 6*. Leiden, Brill.
- Shay, J. 1991. Learning about Combat Stress from Homer's *Iliad*. *Journal of Traumatic Stress* 4.4, 561-579.
- Shay, J. 1994. *Achilles in Vietnam*. London, Scribner.
- Shepherd, B. 2000. *A War of Nerves: Soldiers and Psychiatrists*. London, Jonathan Cape Page.
- de Silva, P. 1999. Cultural aspects of post-traumatic stress disorder. In W. Yule (ed.), *Post-Traumatic Stress Disorders: Concepts and Therapy*, 116-138. Chichester, Wiley.
- Sommerstein, A. 1980. *Archarnian*. Warminster, Aris and Phillips.
- Stirling, J. D. and Hellewell, J. S. E. 1999. *Psychopathology*. London, Routledge.
- Tritle, L. 2000. *From Melos to My Lai: War and Survival*. London, Routledge.
- Tritle, L. 2004. Xenophon's portrait of Clearchus: A study in Post-Traumatic Stress Disorder. In C. Tuplin (ed.), *Xenophon and His World: Papers from a conference held in Liverpool in July 1999*, *Historia Einzelschriften* 172, 325-339. Stuttgart, Franz Steiner.
- Tritle, L. 2006. Warfare in Herodotus. In C. Dewald and J. Marincola (eds.), *The Cambridge Companion to*

*Herodotus*, 209-223. Cambridge, Cambridge University Press.

van der Kolk, B. A., Roth, S., Pelcovitz, D., Sunday, S. and Spinazzola, J. 2005. Disorders of Extreme Stress: The Empirical Foundation of a Complex Adaptation to Trauma. *Journal of Traumatic Stress* 18, 389-99.

van Wees, H. (ed.) 2000. *War and Violence in Ancient Greece*. London, Duckworth.

van Wees, H. 2004. *Greek Warfare: Myths and Realities*. London, Duckworth.

Weintraub, M. I. 1983. *Hysterical Conversion Reactions*. Jamaica NY, Spectrum.